

Municipal Facility Inspection Form

Site:	Inspector:	Date:
Basin I.D:	Responsible Party:	Date Delivered:

CRITERIA	SAT/UNSAT/NA	COMMENTS
1. Are activity-specific BMPs in place?	JAI/ONJAI/NA	COMMENTS
1. Are activity-specific bivins in place?		
2. Are employees/contractors adhering to the		
minimum BMPs when possible?		
3. Is the facility reasonably clean and free of litter		
and debris?		
4. Is landscaped area irrigation contained within the		
landscape area?		
5. Are pesticides/herbicides/fertilizers minimized		
where feasible? Is storage of these materials		
adequate?		
6. Are stormwater drains stenciled?		
7. Are storm drains free and clear of debris? If		
cleaning is required, please note estimated weight		
and of material.		
8. Is area absent of any evidence of discharges,		
spills or leaks?		
9. Area storage and trash areas reasonably clean		
and uncluttered?		
10. Are garbage cans and bins kept covered		
emptied or maintained?		
11. Is the number and placement of trash bins		
sufficient for the facility?		
12. Are fueling areas clean and spill free?		
13. Is a stocked spill kit or dry spill method of		
cleanup at the fueling location?		
oleanap at the racing location:		
14. Are vehicle maintenance areas reasonably		
clean and maintenance activities contained in		
designated areas?		
15. Area bulk hazardous materials stored inside of		
secondary containment?		
Secondary containment?		
4C la vista francisci di cara avanza di cara		
16. Is water from surrounding areas prevented from		
reaching material storage areas?		
AW A HOMB : A H I I I I I I		
17. Are all BMPs installed and maintained		
properly?		
18. Are employees properly trained in preventative		
spill and cleanup techniques?	1	

Last Modified: 9/26/2019

				PHOTOG	RAPHIC LOG		
Project: City of Birmingham MS4 Progra Structural Controls Inspections	Location: Creek						
	4.0.5	NITIONAL MOTE					
	<u>ADL</u>	DITIONAL NOTE	<u>S</u>				
(If needed attach additional pages to properly document the inspection.)							
RE-INSPECTION REQUIRED	ny document the inspe	YES		N	10		
Signature and Date of Person Completing the Inspection							
All repairs to be completed with Responsible Party:	in 30 days of noti NAME:	tication.		DATE:			

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